Iowa Department of Public Health
Recommendations for Expedited Partner Therapy of Sexually Transmitted Infections

Overview

Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his or her partner(s) without the health care provider first examining the partner(s). EPT can be accomplished in two ways. Patient-Delivered Partner Therapy (PDPT) occurs when a patient delivers the prescriptions or medications to his or her partner(s). Field-Delivered Therapy (FDT) is a practice that is similar to Directly Observed Therapy (DOT), a common practice for those with active or latent tuberculosis. FDT occurs when a public health professional, such as a Disease Intervention Specialist (DIS), delivers the prescription or medication to the partner(s).

The gold standard for interrupting the transmission of sexually transmitted infections (STIs) is to examine, test, and appropriately treat all sex partners of persons diagnosed with an STI. EPT has been demonstrated to be effective in accomplishing the latter part of this standard. EPT is useful when partners are deemed to be unlikely to access health care themselves, and when a patient presents with re-infection(s).

Evidence

Chlamydia and gonorrhea are significant public health problems in Iowa. In 2015, there were 12,133 reported cases of chlamydia and 2,223 reported cases of gonorrhea, making these two the most reported infections in the state. While the number of cases reported is already high, the Centers for Disease Control and Prevention (CDC) estimate that about 50% of chlamydia infections and 40% of gonorrhea infections are left undetected each year.

Untreated genital infections in women can lead to Pelvic Inflammatory Disease (PID), chronic pelvic pain, ectopic pregnancy, and infertility. Repeated re-infections and untreated, exposed partners increase the possibility of these complications. They also increase the possibility of developing drug resistance in the bacteria. In 2008, the Iowa STD Program recorded re-infections in 11% of reported chlamydia and gonorrhea cases. Seventeen percent of known, exposed partners were unwilling or unable to seek treatment.

According to the CDC, a person exposed to HIV while infected with an STI is two to five times more likely to become infected with HIV. In Iowa, individuals diagnosed with chlamydia and gonorrhea present asymptomatically in approximately 69 and 64 percent of cases, respectively. Therefore, the likelihood of obtaining HIV is considerably increased for many people who are never aware of their increased risks.

In 2000, the Iowa Medical Society adopted EPT as an accepted standard of practice. A “Dear Colleague” letter dated May 11, 2005, from Dr. John M. Douglas Jr., Director of the CDC’s Division of STD Prevention, stated that the CDC has concluded “that EPT is a useful option to facilitate partner management, particularly for treatment of male partners of women with chlamydia or gonorrhea.” Today, EPT is recommended by the CDC, the American Medical Association, the American Academy of Pediatrics, the Society for Adolescent Medicine, and the

American Congress of Obstetricians and Gynecologists. Numerous local associations, including the Iowa Medical Society, the Iowa Osteopathic Medical Association, the Iowa Academy of Family Physicians, and the Iowa Nurses Association, also support the practice of EPT.

The *Sexually Transmitted Diseases Treatment Guidelines, 2015*, from CDC state:

> Unless prohibited by law or other regulations, medical providers should routinely offer EPT to heterosexual patients with chlamydia or gonorrhea infection when the provider cannot confidently ensure that all of a patient's sex partners from the prior 60 days will be treated. If the patient has not had sex in the 60 days before diagnosis, providers should attempt to treat a patient's most recent sex partner… The evidence supporting PDPT is based on three U.S. clinical trials involving heterosexual men and women with chlamydia or gonorrhea (93–95). All three trials reported that more partners were treated when patients were offered PDPT: two reported statistically significant declines in the rate of reinfection and one observed a lower risk of persistent or recurrent infection that was statistically nonsignificant… U.S. trials and a meta-analysis of PDPT revealed that the magnitude of reduction in reinfection of index case-patients compared with patient referral differed according to the STD and the sex of the index case-patient (87,93–95). However, across trials, reductions in chlamydia prevalence at follow-up were approximately 20%; reductions in gonorrhea at follow-up were approximately 50%.

EPT has become a standard of care in the treatment of STIs. In 2000, the CDC found that the practice of EPT was "not uncommon" in randomized trials designed to examine the efficacy of implemented EPT programs in Seattle, Washington; New Orleans, Louisiana; Birmingham, Alabama; Indianapolis, Indiana; and areas of California, including San Francisco, Long Beach, Torrance, and Los Angeles. In another study of 111 Connecticut and Rhode Island physicians, 48% indicated favorable attitudes toward EPT, 50% had employed the practice, and 6% reported using EPT "frequently." Separately, over 49% New York City healthcare practitioners reported ever using EPT, and over 27% reported using EPT "frequently." During 1999 and 2000, one study drew upon respondents from the American Medical Association Master List. A total of 3,011 physicians reported diagnosing either gonorrhea or chlamydia in the preceding year. Of those, 50% to 56% reported ever using EPT, and 11% to 14% reported "usually" or "always" doing so. Collectively, a national survey and two regional surveys suggest that roughly half of U.S. clinicians who treat STI cases use EPT selectively, and that 5% to 10% do so frequently, or as their standard approach to partner management.

Studies also show EPT reduces re-infection rates by about 20% and increases patients' abilities to be assertive about treatment with their partners. EPT is associated with a higher likelihood of patient-initiated partner notification (i.e., a patient letting his or her sex partners know they have been exposed to an infection) when compared to other forms of unassisted partner management. Furthermore, EPT is associated with a significant reduction in the rates of patients engaging in continued sexual encounters with partners they know have not been treated.

CDC guidelines state that EPT is safe. While allergic reactions in partners treated without direct medical supervision can occur, studies indicate that the oral antibiotics used for EPT generally create mild adverse outcomes, if any at all. The most commonly reported adverse outcome is mild gastrointestinal intolerance. *To date, no severe allergic reactions have been reported in the United States as a result of EPT.*

Iowa Legislation

On July 1, 2008, *Iowa Code* Section 139A.41 was added to allow for EPT for gonorrhea and chlamydia. The language can be found at https://www.legis.iowa.gov by typing 139A.41 into the Iowa Code quick search. The language reads:

> **139A.41 CHLAMYDIA AND GONORRHEA TREATMENT.**
> Notwithstanding any other provision of law to the contrary, a physician, physician assistant, or advanced registered nurse practitioner who diagnoses a sexually transmitted chlamydia or gonorrhea infection in an individual patient may prescribe, dispense, furnish, or otherwise provide prescription oral antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. If the infected individual patient is unwilling or unable to deliver such prescription drugs to a sexual partner or partners, a physician, physician assistant, or advanced registered nurse practitioner may dispense, furnish, or otherwise provide the prescription drugs to the department or local disease prevention investigation staff for delivery to the partner or partners.

As of March 2016, Iowa is one of 39 states in the U.S. in which EPT is clearly permissible by law. There are an additional eight states and one U.S. territory in which EPT is potentially allowable by law. There are only three states in which EPT is not permissible under state code.

Procedural Recommendations

These recommendations are to assist clinicians in deciding when to offer EPT and to outline procedures to follow when choosing this option.

General Principles

Chlamydia and gonorrhea are reportable diseases. Clinicians are required to report infections to IDPH or their local public health entity within three days of knowledge of a positive case. When cases are reported to local public health entities, those entities are then required to inform the state STD Program of the case. Reporting forms may be obtained by contacting the IDPH STD Program at (515) 281-3031 or (515) 281-4936. Completed forms may be returned by fax to (515) 725-1278. The patient and his or her partner(s) may be contacted as part of a standard disease investigation by state DIS or local public health investigation staff.

The best approach is for the partner(s) of the patient diagnosed with chlamydia or gonorrhea to be evaluated, examined, tested, counseled, and treated by a medical provider. EPT is an option when a provider has knowledge that a partner or partners is/are unwilling or unable to seek medical care, or when a patient presents with repeated re-infections, indicating that there is at least one untreated partner. Every patient who is diagnosed with an STI should be counseled to have their sexual partner(s) evaluated by the partner's own primary care provider or at a public health or family planning clinic, and not to engage in sexual intercourse with partner(s) until seven days after treatment is completed.

Patients diagnosed with chlamydia or gonorrhea should be encouraged to notify all of the people with whom they have had sexual contact within the ***60 days*** prior to diagnosis or the onset of symptoms, whichever is greater. If the patient reports having no partners within the last two months, he or she should notify the most recent partner.

The patient should be offered EPT if the patient believes that his or her partner(s) will refuse to seek care or will not be able to obtain medical care. Medications or prescriptions should be provided for all partners who have been sexually exposed to the patient within the two months prior to diagnosis. If symptoms were present in the patient, all sex partners within two months prior to the onset of symptoms should be provided with EPT if they are unlikely to seek medical examination. If the patient reports having no partners within the last two months, medication or a prescription should be provided for the most recent partner.

A patient with multiple partners may have some partners that are likely to submit to an exam and some that are not. In this case, EPT should be used for the patients unlikely to submit to an exam, while the partners likely to engage in full medical care would not need EPT. All partners should be informed of the specific infection to which they have been exposed.

A referral letter is one of the means by which to notify partners exposed to an STI. The letter describes the diagnosis, the recommended treatment options, and where the partner(s) may obtain medical care. An example referral letter is available at the end of this guidance document.

If the patient is unwilling or unable to notify his or her partner(s), a public health professional can be offered to provide Field Delivered Therapy (FDT). State DIS are available to offer FDT for all gonorrhea cases and for prioritized chlamydia cases. The high volume of chlamydia cases restricts the availability of staff to offer partner follow-up for every chlamydia case. Priority chlamydia cases include:

- Patients with whom the DIS has to meet or speak with for any other reason (such as co-infection with another STI or HIV)
- Patients for whom a medical provider specifically requests Partner Services
- Patients for whom DIS or their supervisor see the need to make an exception

Ideally, a provider should attempt to obtain partner information before offering EPT. Offering to provide a medication or a prescription for partners may act as a motivator for patients to provide partner information. Making the statement, "We need to make sure your partner or partners are treated but I will need some basic information about them first," gives the patient added incentive to offer patient information. However, inability to obtain partner names should not preclude the execution of EPT.

Partner Contact and Documentation

At a minimum, a note in the index patient's (i.e., the primary infected patient) medical chart should document the following:

- the number of partners who are being provided with EPT,
- the total number of partners elicited (including those not offered EPT),
- the medication and dosage being provided to the partners, and
- whether any partner is known to be allergic to any medications.

It is recommended that the names of the partners <u>not</u> be written in the index patient's chart, but that a separate Confidential Partner Record (CPR) be created, as described below.

Medical providers are not required to establish medical charts or Confidential Partner Records (CPR) for sexual partners who are provided with EPT. However, when the patient is being provided with EPT medications from the IDPH STD Treatment Medications Program, there are additional documentation requirements (see STD Treatment Medications Program instructions) that must be followed (**Note**: this only applies to a small subset of clinics in Iowa that are enrolled and registered in this program).

Never bill a patient's insurance or Medicaid for a partner's medications. For clinics that are a part of the IDPH STD Treatment Medications Program, IDPH-procured medications may be given to the patient (this must be appropriately documented in Script Tracker). For other clinics, a prescription may be written in the partner's name or if medication is available directly from the clinic, that may be given.

The Confidential Partner Record (CPR) is available for clinics to use and is an effective partner management tool for both private and public clinic settings. An example is included at the end of this document. The CPR may be used in conjunction with EPT. Patients can be given the form at the beginning of a clinic visit along with other office forms. The CPR allows the patient to begin thinking about partner notification before visiting with a clinician. At the same time, a glance at the completed CPR before visiting with the patient provides the clinician with a springboard for taking a sexual history or for talking with the patient about STI and pregnancy prevention.

Clinicians can establish an office file to house all CPRs. Partner information, regardless of use of EPT, should not be housed in the patient's chart. If the patient is positive, a copy of the CPR can be provided to the DIS for partner notification and can be used for EPT, if appropriate. The contacts can be informed by the patient, or the DIS can be asked to perform FDT with a prescription or medication at the time they pick up the CPR. If EPT is not deemed to be appropriate, the DIS can still use the CPR to begin traditional partner services, such as making a phone call or sending a letter to any partner(s) to inform him or her of exposure and to urge testing and treatment. If the patient is not positive for a reportable STI, the CPR can be destroyed.

Treatment Recommendations

When utilizing EPT for chlamydia or gonorrhea, **medication should not be provided to treat secondary partners of the patient** (i.e., the sexual partners of the patient's partners). Secondary partners should be encouraged to seek medical evaluation, especially if they are experiencing symptoms of an STI.

The most appropriate patients for EPT are the male partners of female patients with a laboratory-confirmed diagnosis of chlamydia or gonorrhea. Female partners of male patients with chlamydia or gonorrhea may also be provided with EPT, but potential pregnancy of the partner must be considered in this case. Heterosexual male patients with chlamydia or gonorrhea should be informed that it would be best for their female partners to have a medical evaluation, but if the male patient feels that his partner(s) would be unwilling or unable to seek care, then EPT may be provided **unless the partner is known to be pregnant.** Refer pregnant females to their prenatal care provider or to another medical provider. This is because pregnant females are at higher risk

of sequelae from undetected infections. Therefore, they require a full STI exam. If pregnancy is a concern, but is not certain, the EPT treatment provided to female partners for gonorrhea must be the CDC-recommended oral regimen of 400 mg cefixime plus 1 gram azithromycin, taken in a single dose (see Retesting and Tests of Cure below).

Data are limited in demonstrating the effectiveness of EPT for men who have sex with men (MSM). MSM who are contacts to chlamydia or gonorrhea should be examined and tested for other STIs, such as syphilis and HIV. Therefore, male partners of MSM should be encouraged to seek medical evaluation whenever possible. If EPT is initiated for gonorrhea, it must be the CDC-recommended oral regimen of 400 mg cefixime plus 1 gram azithromycin, taken in a single dose (see Retesting and Tests of Cure below).

Chlamydia

Partners of patients with chlamydia should be treated orally with 1 gram of azithromycin unless the partner is allergic to macrolide antibiotics or weighs <45 kg. In these situations, consult the *2015 CDC STD Treatment Guidelines* at http://www.cdc.gov/std/tg2015/default.htm.

Gonorrhea

Ideally, partners of patients with uncomplicated gonorrhea should be treated with 250 mg ceftriaxone (intramuscular injection) plus 1 gram azithromycin (oral). However, due to the fact that ceftriaxone is an injectable antimicrobial, it cannot be used for EPT.

Therefore, if the patient's partner(s) are unable or unwilling to seek a medical examination, cefixime, an oral cephalosporin, should be used for EPT.

Oral treatment of gonorrhea consists of a single dose of 400 mg cefixime **plus** 1 gram azithromycin. Both a third-generation cephalosporin (ceftriaxone when injection is possible, otherwise cefixime) **and** 1 gram azithromycin must be used for the treatment of gonorrhea. Dual antimicrobial therapy is required for gonorrhea, even if exposure to chlamydia is not suspected, due to the steadily increasing resistance of *Neisseria gonorrhoeae* to a wide variety of antimicrobials. Evidence indicates that dual antimicrobial therapy may slow the progression of antimicrobial resistance in *Neisseria gonorrhoeae*. As with chlamydia, allergy contraindications should be investigated.

It is important to note that antimicrobial-resistant *Neisseria gonorrhoeae* strains are being isolated from MSM at higher rates than in other populations. This is another reason that partners of MSM be strongly encouraged to seek a full medical examination and obtain treatment with the more efficacious 250 mg ceftriaxone.

Pregnant females are not appropriate for EPT due to the need for a full STI exam and prenatal care. They should be treated while being offered a full exam. If pregnancy is a concern, but is not certain, the EPT treatment provided to female partners for gonorrhea should be a CDC recommended third-generation cephalosporin (i.e., 400 mg cefixime, single dose) ***plus*** 1 gram azithromycin.

It is not recommended that partners of patients with chlamydia be co-treated for gonorrhea, *unless* the patient has a positive gonorrhea test, or no gonorrhea test was completed. This is because the likelihood of co-infection with chlamydia when infected with

gonorrhea is above 35% in Iowa, while the likelihood of co-infection with gonorrhea when infected with chlamydia is well below 30%.

Oropharyngeal gonococcal infection

Oral cephalosporins are inadequate in the treatment of oropharyngeal gonococcal infection. Partners for whom oropharyngeal exposure is suspected should be encouraged to seek a full medical examination, including testing for oropharyngeal gonorrhea. Persons diagnosed with gonococcal infections in the oropharynx must be treated with 250mg ceftriaxone (intramuscular injection) plus 1 gram azithromycin (oral) to ensure that the bacteria have been eradicated and the infection cured.

Other STIs

These EPT guidelines are only for the treatment of chlamydia and gonorrhea. There is limited evidence to support EPT as an intervention with any other STIs at this time. Furthermore, Iowa Code 139A.41 specifies that EPT can only be used for chlamydia and gonorrhea. For further information on STI treatment, refer to the *2015 CDC STD Treatment Guidelines* at http://www.cdc.gov/std/tg2015/default.htm.

Written Information for Partners

Every patient should be provided with medication sheets for each partner receiving EPT. Example medication sheets are available at the end of this guidance document. The medication sheets include information that encourages the partner(s) to be clinically evaluated after receiving their EPT, informs them of symptoms that need immediate evaluation, warns them not to take medication if they are allergic, discusses common side-effects, and provides telephone numbers to call for information. Patients should be counseled to tell their partner(s) that it is important to read the information contained in the medication sheet before taking the medication.

Retesting

Because of high rates of re-infection, especially in women, the CDC recommends that all women with chlamydia and gonorrhea be retested **3 months** after treatment. If the patient is not retested in 3 months, providers are encouraged to test whenever the patient next seeks medical care within the following 3 to 12 months, regardless of whether the patient believes that his or her sex partner(s) were treated.

Tests of Cure

Tests of cure (retesting within a short period of time, such as 3 weeks after treatment) is not routinely recommended for non-pregnant patients who are treated for chlamydia, nor is it recommended for sexual partners who receive EPT for chlamydia. Tests of cure are also unnecessary for patients and partners treated for gonorrhea using any of the recommended regimens outlined in the *2015 CDC STD Treatment Guidelines*. Exception: individuals diagnosed with oropharyngeal gonorrhea should receive a test of cure if they are treated with any regimen other than 250mg ceftriaxone plus 1 gram azithromycin.

Care must be used when interpreting the results of tests of cure. Specifically, a thorough patient history must be taken to assure that a positive result is a likely treatment failure and not simply

re-infection (i.e., patient engaged in sexual intercourse with an untreated partner). If treatment failure is likely, a specimen for *Neisseria gonorrhoeae* bacterial culture must be collected from the patient so that antimicrobial susceptibility testing (AST) can be performed.

Nucleic acid amplification tests (NAATs) are very sensitive. A test of cure using a NAAT could result in a false positive from the shedding of dead cells that occurs for a number of weeks after treatment. Although gonorrhea clears from the body much more quickly than chlamydia after successful treatment, the possibility of a false positive due to dead bacterial cells must also be considered when interpreting tests of cure performed by NAAT. The possibility of a false positive is eliminated when testing is done using culture rather than NAAT. Due to this, and the possible need of AST, bacterial culture is highly recommended when performing a test of cure for gonorrhea.

Allergy and other Adverse Events

No serious adverse events or allergic reactions resulting from EPT have been reported in the U.S. to date.

It is also important to note that it is very rare for persons who have penicillin allergies to have an allergic reaction to third-generation cephalosporins. The *2015 CDC STD Treatment Guidelines* state the following:

> Allergic reactions to first-generation cephalosporins occur in <2.5% of persons with a history of penicillin allergy and are uncommon with third-generation cephalosporins (e.g., ceftriaxone and cefixime) (428,430,464). Use of ceftriaxone or cefixime is contraindicated in persons with a history of an IgE-mediated penicillin allergy (e.g., anaphylaxis, Stevens Johnson syndrome, and toxic epidermal necrolysis) (428,431).

If you suspect an adverse reaction as a result of EPT, please report it via phone to the IDPH STD Program at 515-281-4936. For severe or emergency situations (e.g., anaphylaxis), please call 911 or consult with your local hospital emergency department first.

More Information

For additional information regarding EPT, please see http://www.cdc.gov/std/ept/.

References

Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64(No. RR-3): 1-137.

Centers for Disease Control and Prevention. Expedited partner therapy in the management of sexually transmitted diseases. Atlanta, GA: US Department of Health and Human Services, 2006.

Hogben M, McCree DH and Golden MR. Patient-delivered partner therapy for sexually transmitted diseases as practiced by U.S. physicians. Sexually Transmitted Diseases 2005; 32:101-105.

Packel LJ, Guerry S, Bauer HM, et al. Patient-delivered partner therapy for chlamydial infections: attitudes and practices of California physicians and nurse practitioners. Sexually Transmitted Diseases 2006; 33: 458-63.

Klausner JD, Chaw JK. Patient-delivered therapy for chlamydia: putting research into practice. Sexually Transmitted Diseases 2003; 30: 509-11.

Rogers ME, Opdyke K, Blank S, et al. patient-delivered partner treatment and other partner management strategies for sexually transmitted diseases used by New York City healthcare providers. Sexually Transmitted Diseases 2007; 34:88-92.

Patient Name: _____
Date: _____

Confidential Partner Notification Record

This is completely private. Your name and information will not be shared with anyone.

Please complete this form if you are being tested for or treated for any Sexually Transmitted Infections (STIs). STIs are often invisible, but still do damage inside a body. People who have them can feel fine, but really aren't. It is important that all the people you have had sex with in the last 2 months be tested and treated. Please fill in the form below, so that testing and treatment can be offered to them.

1. Name _____ Male_____ Female_____
   Address _____
   Phone number(s)_____Age / birth date _____
   Email addresses_____
   When did you have sex? First time_____ Last time_____
   Where does this person work or go to school? _____
   Where does this person hang out? _____
   What does this person look like? _____
   Has this person been tested or treated? _____

Office Use Only:
Date Info Packet Provided _____ Date Tx _____ Tx'ed with _____
Follow-up Call Attempts _____ _____ _____
Notes_____

2. Name _____ Male_____ Female_____
   Address _____
   Phone number(s)_____Age / birth date _____
   Email addresses_____
   When did you have sex? First time_____ Last time _____
   Where does this person work or go to school? _____
   Where does this person hang out? _____
   What does this person look like? _____
   Has this person been tested or treated? _____-

Office Use Only:
Date Info Packet Provided _____ Date Tx _____ Tx'ed with _____
Follow-up Call Attempts _____ _____ _____
Notes_____

Please use the back of this form to list additional partners

3. Name _____ Male_____ Female_____
   Address _____
   Phone number(s)_____Age / birth date _____
   Email addresses_____
   When did you have sex? First time_____ Last time _____
   Where does this person work or go to school? _____
   Where does this person hang out? _____
   What does this person look like? _____
   Has this person been tested or treated? _____

Office Use Only:
Date Info Packet Provided _____ Date Tx _____ Tx'ed with _____
Follow-up Call Attempts _____ _____ _____
Notes_____

4. Name _____ Male_____ Female_____
   Address _____
   Phone number(s)_____Age / birth date _____
   Email addresses_____
   When did you have sex? First time_____ Last time _____
   Where does this person work or go to school? _____
   Where does this person hang out? _____
   What does this person look like? _____
   Has this person been tested or treated? _____

Office Use Only:
Date Info Packet Provided _____ Date Tx _____ Tx'ed with _____
Follow-up Call Attempts _____ _____ _____
Notes_____

5. Name _____ Male_____ Female_____
   Address _____
   Phone number(s)_____Age / birth date _____
   Email addresses_____
   When did you have sex? First time_____ Last time _____
   Where does this person work or go to school? _____
   Where does this person hang out? _____
   What does this person look like? _____
   Has this person been tested or treated? _____

Office Use Only:
Date Info Packet Provided _____ Date Tx _____ Tx'ed with _____
Follow-up Call Attempts _____ _____ _____
Notes_____

Example Referral Letter

(Place on Letterhead)

Date: _____

Referring Clinic Name: _____

Referring Clinic Address:_____
_____
_____

Referring Clinic Phone: _____

Hello,

Someone you have recently had sex with has been treated for _____, which is a curable Sexually Transmitted Infection. Your partner cares enough about you to make sure you know about it. Many people with this infection do not know they have it because the symptoms are often invisible. This infection can do damage inside a body even if the infected person feels fine. You may have this infection since you have had sex with someone who has it.

Go to http://www.cdc.gov/std/healthcomm/fact_sheets.htm to find out more about chlamydia and other STIs.

Men who have symptoms notice:
a discharge (drip) from the penis
pain when urinating (peeing)
pain and swelling in their testicles (balls)

Women who have symptoms notice:
a change in vaginal discharge
pain during sex
bleeding between periods or after sex
lower belly pain or cramps
pain when urinating (peeing)

We urge you to see your own doctor or medical care provider or seek care from an STI clinic for an STI exam. You might have other infections you don't know you have as well. You can call the Iowa Department of Public Health at 515-281-3031 or go to https://gettested.cdc.gov/ to find clinics with STI services near you.

In Health,

Clinician Name or Clinic Name

IMPORTANT AND PRIVATE!
PLEASE READ THIS HEALTH INFORMATION CAREFULLY

Someone you have had sex with has recently been treated for chlamydia. Chlamydia is a curable Sexually Transmitted Infection (STI). Many people with chlamydia do not know they have it because the symptoms can be invisible. Chlamydia can do damage inside a body even if the infected person feels fine. You may have chlamydia since you have had sex with someone who has it. It is important that you take medicine to keep from getting sick and to keep you from giving chlamydia to your sex partner(s).

Go to http://www.cdc.gov/std/healthcomm/fact_sheets.htm to find out more about chlamydia and other STIs.

Men who have symptoms notice:
a discharge (drip) from the penis
pain when urinating (peeing)
pain and swelling in their testicles (balls)

Women who have symptoms notice:
a change in vaginal discharge
pain during sex
bleeding between periods or after sex
lower belly pain or cramps
pain when urinating (peeing)

After you take this medicine it is best for you to see your own doctor or medical care provider such as an STI clinic for an STI exam. You might have other infections you don't know you have.
Call 515-281-3031 or go to https://gettested.cdc.gov/ to find clinics with STI services near you.

BEFORE YOU TAKE THE MEDICINE, READ THIS

This medicine is **Azithromycin**. Azithromycin is a very safe medicine. However, **DO NOT TAKE IT IF:**

- You have ever had an anaphylactic reaction (such as difficulty breathing, hives, rash, etc.) or any allergy to these antibiotics:
  - Azithromycin (Zithromax), erythromycin, or clarithromycin (Baxin).
- You have a serious, long-term illness like kidney, heart, or liver disease
- You are taking other prescription medication(s)
- You are a female having lower belly pain, pain during sex, vomiting, or fever
- You are male and having pain or swelling in the testicles (balls) with or without fever

If any of the above is true, do not take this medicine and talk to your doctor or a healthcare provider as soon as possible.

IF YOU ARE PREGNANT OUR COULD BE PREGNANT, DO NOT TAKE THIS MEDICATION AND DO CONTACT YOUR DOCTOR RIGHT AWAY! Further examination will be needed.

Take this medicine all at once with a glass of water or milk and some food. Some people get an upset stomach or diarrhea after taking this medicine. Some women get a yeast infection from this medicine. All of these things are normal. Talk to your doctor or healthcare provider if any of these continue.

Immediately contact your doctor or healthcare provider if you get an allergic reaction like a rash, itching, swelling, dizziness, or trouble breathing after taking this medicine.

Do not share this medicine with anyone else. You have to take it all for it to work.

Do not have sex of any kind for the next 7 days. The medicine takes 7 days to work. If you have sex before then, you could get the infection back or pass it to someone else.

Questions? Call the Iowa Department of Public Health, STD Program at 515-281-3031.
All calls are confidential. Your information will not be shared.

IMPORTANT AND PRIVATE!
PLEASE READ THIS HEALTH INFORMATION CAREFULLY

Someone you have had sex with has recently been treated for gonorrhea. Gonorrhea is a curable Sexually Transmitted Infection (STI). Many people with gonorrhea do not know they have it because the symptoms can be invisible. Gonorrhea can do damage inside a body even if the infected person feels fine. You may have gonorrhea since you have had sex with someone who has it. It is important that you take medicine to keep from getting sick and to keep you from giving gonorrhea to your sex partner(s).

Go to http://www.cdc.gov/std/healthcomm/fact_sheets.htm to find out more about gonorrhea and other STIs.

Men who have symptoms notice:
a discharge (drip) from the penis
pain when urinating (peeing)
pain and swelling in their testicles (balls)

Women who have symptoms notice:
a change in vaginal discharge
pain during sex
bleeding between periods or after sex
lower belly pain or cramps
pain when urinating (peeing)

After you take this medicine it is best for you to see your own doctor or medical care provider such as an STI clinic for an STI exam. You might have other infections you don't know you have.
Call 515-281-3031 or go to https://gettested.cdc.gov/ to find clinics with STI services near you.

BEFORE YOU TAKE THE MEDICINE, READ THIS

This medicine is **Cefixime**. Cefixime is a very safe medicine. However, **DO NOT TAKE IT IF:**

- You have ever had an anaphylactic reaction (such as difficulty breathing, hives, rash, etc.) or any allergy to these antibiotics:
  - any type of penicillin (like Ampicillin), Amoxicillin, or any type of cephalosporin antibiotic
- You have a serious, long-term illness like kidney, heart or liver disease, or a seizure disorder
- You are taking other prescription medication(s)
- You are a female having lower belly pain, pain during sex, vomiting, or fever
- You are male and having pain or swelling in the testicles (balls) with or without fever

If any of the above is true, do not take this medicine and talk to your doctor or a healthcare provider as soon as possible.

IF YOU ARE PREGNANT OUR COULD BE PREGNANT, DO NOT TAKE THIS MEDICATION AND DO CONTACT YOUR DOCTOR RIGHT AWAY! Further examination will be needed.

Take this medicine all at once with a glass of water or milk and some food. Some people get an upset stomach or diarrhea after taking this medicine. Some women get a yeast infection from this medicine. All of these things are normal. Talk to your doctor or healthcare provider if any of these continue.

Immediately contact your doctor or healthcare provider if you get an allergic reaction like a rash, itching, swelling, dizziness, or trouble breathing after taking this medicine.

Do not share this medicine with anyone else. You have to take it all for it to work.

Do not have sex of any kind for the next 7 days. The medicine takes 7 days to work. If you have sex before then, you could get the infection back or pass it to someone else.

Questions? Call the Iowa Department of Public Health, STD Program at 515-281-3031.
All calls are confidential. Your information will not be shared.